has allowed solving questions related to this topic. However, the wide heterogeneity in the psychiatric consultation record makes the retrospective analysis of these data limited due to a lack of information or differences between specialists.

Objectives: We aim to develop a platform that allows the structured record of medical care data (based on dementia) while maintaining flexibility and format for its usefulness during clinical practice in psychiatry.

Methods: We developed a web-based platform for the structured and semi-structured record of psychiatric evaluation. The instrument is diagnosed-oriented (for our version we used dementia). We used Core outcome sets and expert opinion to identify the relevant outcomes for the attention.

Results: A web-based platform is presented for the care of people with suspected dementia at different levels of care designed with the potential to record information of interest in research but also of clinical utility for closer follow-up.

Conclusions: This strategy allows developing the proposal towards other pathologies of interest. Also, with the integration of recommendation algorithms, a monitoring and recommendation system could be achieved to promote knowledge of psychiatric illness from routine practice. This proposal intends to have an impact by increasing the quality of care, reducing care times, and providing better approaches from primary care systems.

Disclosure: No significant relationships.
Keywords: Medical Record; Big Data; Web-based platform; Clinical research

EPV1295

Measuring Restrictiveness in Forensic Mental Health in Germany - Translation and Adaptation of a Questionnaire

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doi: 10.1192/j.eurpsy.2022.1955

Introduction: A feeling of restrictiveness is often associated with coercive practices, such as seclusion or restraint. In addition to these obvious procedures more subtle practices can also feel restrictive. Its registration and monitoring is of special importance in forensic mental health care since feelings of restrictiveness can lead to adverse events like increased aggression and suicidal intentions.

Objectives: To enable the registration of the experience of restrictiveness in forensic mental health settings in Germany, the Forensic Restrictiveness Questionnaire was translated from English into German.

Methods: Method: We used the TRAPD approach presented by Harkness (2003). This approach combined the expertise of professional translators and clinical experts and enabled adaptation at an early stage. The developed version underwent a cognitive pretest with a small patient sample to check for comprehensibility and interpretation of the questions in line with the original authors intention.

Results: A preliminary translation of the FRQ was developed. Translators combined their expertise from linguistic and clinical practice as well as their knowledge about English and German culture to produce a translation as close as possible to the original questionnaire with necessary adaptations. Remaining uncertainties, e.g., regarding comprehensibility of long phrases or uniform interpretation of certain wordings or questions, were addressed in the cognitive pretest with patients. The version produced can be used for validation.

Conclusions: Conclusion: The TRAPD approach produced a comprehensible and well adapted German translation of the FRQ. This version underwent a cognitive pretest by a small patient sample and is now ready for validation.

Disclosure: No significant relationships.
Keywords: Restrictiveness; Psychological Restraint; Questionnaire; Forensic Mental Health

EPV1298

Italian validation of the Guilt And Shame Proneness Scale: preliminary results

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doi: 10.1192/j.eurpsy.2022.1956

Introduction: Background: Recently, a new instrument, the Guilt And Shame Proneness Scale has been developed and showed promising psychometric properties. However, the Italian version of the Instrument has not still been validated. In addition, despite the growing number of studies on the topic, the knowledge regarding the role played by guilt, shame and rivalry in the relationship between pathological narcissism facets and suicidal ideation.

Objectives: To validate the Italian version of the Guilt And Shame Proneness Scale and to extend the knowledge regarding the relationships between guilt, shame, pathological narcissism and suicidality.

Methods: We administrated, to a sample of Italian adults, the Italian versions of the GASP, the Pathological Narcissism Inventory, the Beck Suicide Inventory and the Narcissism Admiration and Rivalry Questionnaire.

Results: The structural equation model testing the factorial structure of the Italian version of the GASP obtained a good fit. In addition, invariance among gender as well as other invariance tests were tested successfully. Finally, regression and mediation analyses showed that the subscale Shame Social withdraw mediate the relationship between Narcissism grandiosity and suicidal ideation. In contrast, rivalry and social withdraw in response to shame were no more predictive of suicidal ideation controlling for pathological narcissism levels.

Conclusions: The Italian version of the GASP appears promising to deepen the investigation of the pathological personality topic.

Disclosure: No significant relationships.
Keywords: shame; guilt; Suicide; validation